



# CITY OF SANTA BARBARA

## PEDICAB OPERATOR PERMIT APPLICATION CHECKLIST

**Applicant:** Return all required completed paperwork to the Santa Barbara Police Department Annex at 222 E. Anapamu. For your convenience you may make an appointment by calling 805-897-2333.

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

### STEP 1:

**Present the following documents to the Santa Barbara Police Department:**

- ☐ Completed Pedicab Operator Application
- ☐ Signed Grounds for Denial form
- ☐ Completed and signed Arrest History
- ☐ Signed Authorization to Release Information.
- ☐ Intent to Hire form
- ☐ Two (2) color, passport-size photographs.
- ☐ Proof of payment for Business License (paid at Finance Department, located in City Hall)

### STEP 2:

- ☐ Pay for LiveScan (\$32) with the Police Technician.
- ☐ Police Technician will schedule a LiveScan appointment.  
Bring completed LiveScan form(s) along with receipt to the Records counter of the Police Department, at 215 E. Figueroa St. Arrive a minimum of 10 minutes prior to your scheduled appointment.

☐ DOJ DELAY  
DATED: \_\_\_\_\_

☐ DOJ ☐ BUSTED  
☐ RMS ☐ GUS

Date Stamp (Rec'd):  
\_\_\_\_\_

☐ Mailed/Picked Up

Date: \_\_\_\_\_

☐ Copy sent to Finance

Date: \_\_\_\_\_

Finance File #  
\_\_\_\_\_

Police Dept I.D. #  
\_\_\_\_\_

Exp:  
\_\_\_\_\_

CLU Record #  
\_\_\_\_\_

**City Stamp/Paid:**

\$32 for Livescan - paid at  
the Police Dept.

\$25 for business license –  
paid at Finance Dept.

**Police Permit Investigator's recommendations on the issuance of a permit to the applicant:**

\_\_\_\_\_  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICE CHIEF:**

**Approval** of permit application \_\_\_\_\_ Date \_\_\_\_\_

**Disapproval** of permit application \_\_\_\_\_ Date \_\_\_\_\_



# CITY OF SANTA BARBARA

## Grounds for Denial—Pedicab Operator Permit

### Notice to Applicant:

Please read the Grounds for Denial and sign this acknowledgement before you complete the application. Complete language of Grounds for Denial can be found in Santa Barbara Municipal Code, Chapter 5.28, Section 080.

#### *Grounds for Denial (condensed):*

1. Making false statements on the application.
2. Does not possess a valid driver's license.
3. You have any driving restrictions issued by the State of California.
4. You are required to register pursuant to Section 290 of the California Penal Code.
5. You have been convicted of a crime of moral turpitude or narcotics.
6. You have been convicted within the last three (3) years of driving a vehicle while under the influence of intoxicating liquor or drugs.
7. You fail to comply with the requirements of SBMC Chapter 5.28.

Signature below acknowledges the applicant has read the above and understands the fee will not be refunded.

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*Signature*

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*Date*



# CITY OF SANTA BARBARA

## APPLICATION FOR PEDICAB OPERATOR'S PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5..28)

SBPD Permit #:

EXP:

Finance Dept B/L:

**Please complete the following:**

Date of Application:			
Name:			
Other Names Used (list "also known as" names):			
Residence Address (include street, city, and zip code):			
Mailing Address, if different (include street, city, and zip code):			
Phone Number:			
Are you a U.S. citizen?		Social Security No:	
Date of Birth:		Place of Birth:	
Color of Hair:	Color of Eyes:	Height:	Weight:
Length of time in Santa Barbara:		Length of time in California:	

Office Use: (Photo)

Driver's License # (Include a photocopy of front and back of license.)	State:	Date Issued:
Driving Experience in U.S. (other than California):		
Do you hold an International Driver's License? (Include a photocopy of front and back of license.)		Issuing Authority:

**Employer's Name (Taxi Company):** \_\_\_\_\_

**List similar permits presently or previously issued in another city or state. List by permit title, city and state of issuance.**

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**List the full address for your places of residence over the past five years, starting with the most recent. After the address, show the dates (month and year) at each residence.**

1. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)
2. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)
3. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)
4. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)
5. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)

**List your last five places of employment. Start with your current or most recent employer. List by business name, address, business phone number, and dates (month and year) of employment.**

1. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)
2. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)
3. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)
4. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)
5. \_\_\_\_\_  
\_\_\_\_\_ (from \_\_\_\_\_ to \_\_\_\_\_)

**Signature below indicates the applicant understands that if any information requested on this form is misrepresented or incomplete, it may be grounds for denial of this permit application.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



# CITY OF SANTA BARBARA

## AUTHORIZATION TO RELEASE INFORMATION TO THE CITY OF SANTA BARBARA, POLICE DEPARTMENT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

*As an applicant for a City permit within the City of Santa Barbara, I hereby authorize the release of any and all information that you may have concerning my work records education records, medical records, and information of a confidential or privileged nature to the City of Santa Barbara Police Department and its agents.*

*I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested.*

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**Printed (Permit Applicant's Name)**

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**Signature (Permit Applicant)**

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**Date**

# CITY OF SANTA BARBARA

## ARREST HISTORY

(Pursuant to Santa Barbara Municipal Code, Chapter 5.29)

Failure to **list all arrests and citations** may result in a denial of your application. This page **MUST** be completed. If there is no arrest history, write "NONE" or "N/A".

Date	Place (City and State)	Reason (Violation)

Are you currently on **probation**? \_\_\_\_\_ Charges: \_\_\_\_\_

Are you currently on **parole**? \_\_\_\_\_ Charges: \_\_\_\_\_

Are you currently required to **register pursuant to Section 290** of the Penal Code? \_\_\_\_\_

***Signature below indicates the applicant understands that if any information requested on this form is misrepresented, it may be grounds for denial of this permit application.***

\_\_\_\_\_  
**Printed** (Permit Applicant's Name)

\_\_\_\_\_  
**Signature** (Permit Applicant)

\_\_\_\_\_  
**Date**

**The Police Technician verbally verified with applicant that:**

☐ applicant's answer is "none" OR ☐ applicant listed complete/entire arrest history

Police Technician Initials \_\_\_\_\_ Date: \_\_\_\_\_

# CITY OF SANTA BARBARA

## NOTICE OF INTENT TO HIRE PEDICAB DRIVER PERMIT

(Pursuant to Santa Barbara Municipal Code, Chapter 5.28)

### ***Notice of Intent to Hire:***

\_\_\_\_\_ intends to employ  
(Name of pedicab company)

\_\_\_\_\_ as a pedicab driver.  
(Name of driver)

I, \_\_\_\_\_, have verified that the individual named  
(Name of company owner or authorized agent)

above is a legal resident and entitled to work in the United States.

### **IMPORTANT: Driver may NOT drive until:**

- driver has been issued a City permit to operate a pedicab.
- operator and driver have discussed the rules and regulations set forth in MC Section 5.28-Pedicab Ordinance.

***By signing below, you acknowledge these terms.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (specify owner or agent\*)

\_\_\_\_\_  
Date

*\*The owner of the company or an authorized agent must sign this form. An authorized agent has permission to act for the owner and has a copy of this permission on file with the Police Department.*